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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002202 (8)  
1. Corporation Name

MEMBERS COUNCIL OF OKEECHOBEE COUNTY, INC.

Principal Place of Business

Mailing Address

209 N.W. 11TH AVE.  
OKEECHOBEE FL 34972

P.O. BOX 1501  
OKEECHOBEE FL 34973  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/03/1995

4. FEI Number

65-0508353

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

HILL, EDWIN J  
209 N.W. 11TH AVE.  
OKEECHOBEE FL 34972

81

82

83

84

85 Zip, Circle

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
HILL, ED  
STREET ADDRESS  
209 N.W. 11TH AVE  
CITY-ST-ZIP  
OKEECHOBEE FL

TITLE ☐ DELETE

NAME  
FENNELL, DANIEL P  
STREET ADDRESS  
2270 S.W. 24TH BLVD.  
CITY-ST-ZIP  
OKEECHOBEE FL

TITLE ☐ DELETE

NAME  
STEG'KEMPER, BILL  
STREET ADDRESS  
1812 N.W. 50TH CT  
CITY-ST-ZIP  
OKEECHOBEE FL

TITLE ☐ DELETE

NAME  
FENNELL, PHYLLIS L  
STREET ADDRESS  
2270 S.E. 24TH BLVD.  
CITY-ST-ZIP  
OKEECHOBEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
FENNELL, DANIEL F.  
2270 S.E. 24th Blvd  
OKEECHOBEE, FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
VD  
HILL, ED  
209 N.W. 11th AVE  
OKEECHOBEE, FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
VD  
STEG'KEMPER, BILL  
1812 N.W. 50th CT  
OKEECHOBEE, FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
SD  
HOLLIN, ARTHUR  
P.O. BOX 332  
OKEECHOBEE, FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
T  
FENNELL, PHYLLIS L.  
2270 S.E. 24th BLVD  
OKEECHOBEE, FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DANIEL F. FENNELL 3-26-98-941-467-946

CR2E037 (10/97)